



# LAKWOOD PARK CHRISTIAN SCHOOL

*Shaping Difference-Makers In Christ*

5555 County Road 29 Auburn, IN 46706  
260-925-1393

## Physical Examination Form

*Due in office by August 1st*

**To be completed by Parent:**

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ M/F \_\_\_\_\_

Biological Father's Name \_\_\_\_\_ Biological Mother's Name \_\_\_\_\_

If the above child has frequent problems with any of the following, please describe:

Allergies \_\_\_\_\_ Asthma \_\_\_\_\_

Seizures \_\_\_\_\_ Ears \_\_\_\_\_

Nose/Throat \_\_\_\_\_ Bladder \_\_\_\_\_

Stomach \_\_\_\_\_ Major Illness \_\_\_\_\_

Routine medicines taken by the child: \_\_\_\_\_

Emotional or physical problems that might affect your child at school: \_\_\_\_\_

My child, \_\_\_\_\_, had chicken pox disease \_\_\_\_\_  
(Month/season and year)

Biological Parent/Legal Guardian Signature \_\_\_\_\_

**To be completed by Physician:**

Height _____	Weight _____	Blood Pressure _____	Pulse _____
Vision Screen	R 20/ _____	L 20/ _____	Corrected? _____

General appearance \_\_\_\_\_ Skin \_\_\_\_\_

Heart \_\_\_\_\_ Lungs \_\_\_\_\_

Abdomen \_\_\_\_\_ Genitalia/Hernia \_\_\_\_\_

Nose/Sinus \_\_\_\_\_ Throat/Mouth \_\_\_\_\_

Glands/Thyroid \_\_\_\_\_ Speech \_\_\_\_\_

Ears \_\_\_\_\_ Hearing Loss \_\_\_\_\_

Attention: 5th-12th grade students who think they might participate in athletic should complete the IHSAA sports physical form instead. The IHSAA sports physical counts for the school physical and the required sports physical.

**Please see reverse**

Emotional/Behavioral Problem? \_\_\_\_\_

ADD/ADHD \_\_\_\_\_ Medications \_\_\_\_\_

Physical disabilities, limitations, or restrictions \_\_\_\_\_

Immunizations: current \_\_\_\_\_ needed boosters \_\_\_\_\_

Cleared for school \_\_\_\_\_ Cleared for P. E. \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name of physician: \_\_\_\_\_

Printed address: \_\_\_\_\_

Physician phone number: \_\_\_\_\_

### **Immunization Record**

Indiana law requires all children enrolling in any Indiana school to provide a current COPY of the child's immunization record or file a yearly medical or religious objection to immunizations. A medical objection form must be completed by the doctor who has determined immunization to be detrimental to the child at this time. This must be received by the student's start date, or the student will not be allowed to attend school until it is received. Waivers may be granted on a case by case basis.

IN State Department of Health  
School Immunization Requirements  
(Updated December 2014)

<b>Kindergarten and Grade 1</b>	*4 Polio (Inactivated Polio) *3 Hepatitis B *2 Hepatitis A *2 Varicella (or) if student has had chicken pox disease-Dr. Written statement of chicken pox history including month, year, and signature	*2 MMR (Measles, Mumps, Rubella) *5 DTap, DPT, or DT
<b>Grades 2 to 5:</b>	*4 Polio (Inactivated Polio) *3 Hepatitis B *2 Varicella (or) if student has had chicken pox disease-Dr. Written statement of chicken pox history including month, year, and signature	*2 MMR (Measles, Mumps, Rubella) *5 DTap, DPT, or DT
<b>Grades 6 to 12:</b>	*4 Polio (Inactivated Polio) *3 Hepatitis B *1 meningococcal (MCV4) *2 Varicella (or) if student has had chicken pox disease-Dr. Written statement of chicken pox history including month, year, and signature	*2 MMR (Measles, Mumps, Rubella) *5 DTap, DPT, or DT * 1 Tdap booster
<b>Grade 12:</b>	* additional meningococcal (MCV4)	

\*\*Please call your child's doctor or the school nurse at 260-925-1393, ext. 234 if you have questions about your child's immunizations.